Physical & Behavioral Health Integration (BHI): Strategies to Overcome Implementation Barriers

March 23, 2017

A Department of Social Services PCMH Presentation Hosted by Community Health Network of CT, Inc.





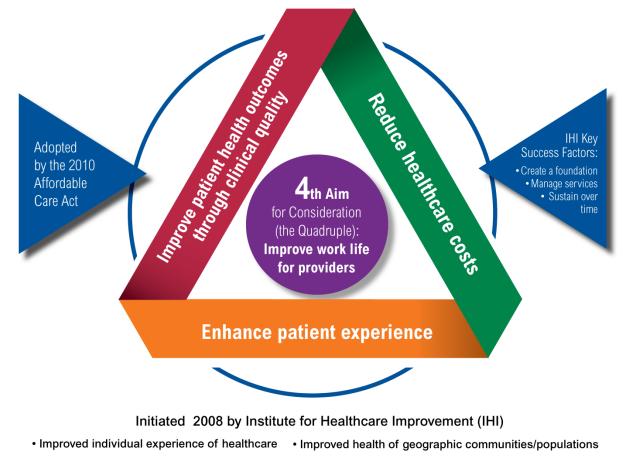
Learning Objectives

- Explain why behavioral health is an important element to incorporate in the Person-Centered Medical Home (PCMH)
- Define common integration barriers
- Understand your current level of integration between physical and behavioral health
- Gain insight into applying strategies to overcome barriers and sustain BHI
- Identify available resources to support BHI in your practice



Triple Aim

Act with the Individual, Learn for the Population



• Reduction of per capital costs

"[Pursuing the Triple Aim: The First 7 Years]. Cambridge, Massachusetts: Institute for Healthcare Improvement; [2015]. (Available on www.IHI.org)" "[System-Minded Design: Optimizing the Microsystem for Workforce Development]. Cambridge, Massachusetts: Institute for Healthcare Improvement; [2015]. (Available on www.IHI.org)"

NCQA Standards

- Identify high-risk patients who may benefit from care management through a comprehensive health assessment, and use evidencebased guidelines to plan and manage their care
 - Social determinants of health
 - Behavioral health conditions
 - High cost/utilization
 - Poorly controlled or complex conditions
- Maintain agreements with and incorporate behavioral health care providers within the practice site
- Improve clinical quality of care, efficiency, and patient experience for vulnerable patients

BHI Models

Consultative Model

 Psychiatrists and other behavioral health clinicians see patients for consultations in their offices – away from primary care

Co-located Model

 Psychiatrist and behavioral health clinicians see patients in primary care settings

Collaborative Model

 Psychiatrist and other behavioral health clinicians work closely in providing caseload consultation with Primary Care Providers (PCPs)

Consult, Coordinate, Collaborate

Consult

A care team member with a specific level of expertise seeks professional advice from another clinician with different or expert professional experience

Clinicianto-Clinician Interaction

Coordinate

Two or more clinicians working in a parallel manner with the same outcome goal in mind, but working independently from each other

Collaborate

Behavioral and primary care clinicians work together to identify, treat and assess a particular patient

Integrating Behavioral Health and Primary Care: Consulting, Coordinating and Collaborating Among Professionals; Cohen, et al., doi: 10.3122/jabfm.2015.S1.150042 Health Insurance Portability and Accountability Act (HIPAA)

HIPAA Privacy Rule

- Assures protection of an individual's health information
- Facilitates sharing of health information needed to provide and promote the highest quality of care
- Protects the public's health and well-being
- Is flexible and comprehensive in covering the disclosures that need to be addressed

Exception

 Stricter state laws or rules for substance abuse treatment facilities (42 CFR Part 2)

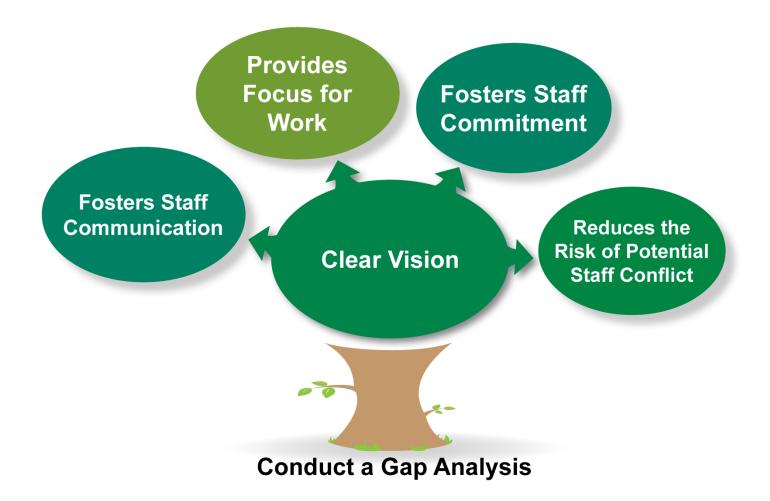
Common Integration Barriers at the Practice Level



Understand Your Current Level of BHI



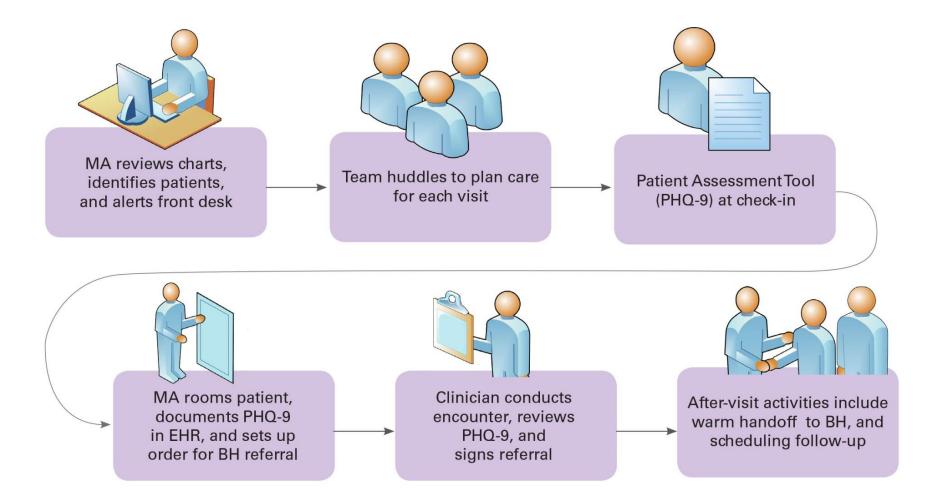
Gap Analysis



GROW Pathway to Integration Tool



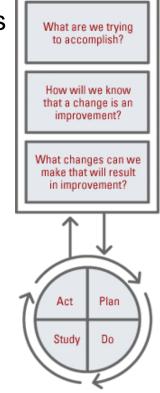
Depression Screening Workflow



Safety Net Medical Home Initiative. Ratzliff A. Organized, Evidence-Based Care Supplement: Behavioral Health Integration. Phillips KE, Holt BS, eds. Seattle, WA: Qualis Health, MacColl Center for Health Care Innovation at the Group Health Research Institute, and the University of Washington's AIMS Center; 2014.

Ongoing Quality Improvement (QI) Process

- Evaluate behavioral health measures based on data/reports
- Choose and define QI project
 - Assess workflows for potential improvements
 - Choose realistic, attainable, and measurable goals
 - Establish timeline for implementation and achievement of each goal
- Complete QI project to implement improvement
- Assess for goal achievement
- Sustain improvement



The QI process is continuous and cyclical, never stagnant

CareMedica - Primary Care

Feedback From an Integrated Practice

Common Integration Barriers at the Practice Level



Care Team Staffing

- Care team structure and schedules
- Patient involvement
- State licensing



Clinical Skill Set

- Training new staff and existing staff
- Communicating effectively
- Documentation requirements



Medication Management

- Medication management protocol
- Strategies for optimizing adherence
- Care team roles in supporting medication therapy



Patient Population Stratification

- Identifying patients with behavioral health conditions
- Risk stratification
- Utilization data from insurer or other source



Referral Resources

- Identify community resources
- Consider population needs
- Assess usefulness of community resources



Space Availability

- Patient encounter suitability
- Professional proximity
- Private working space



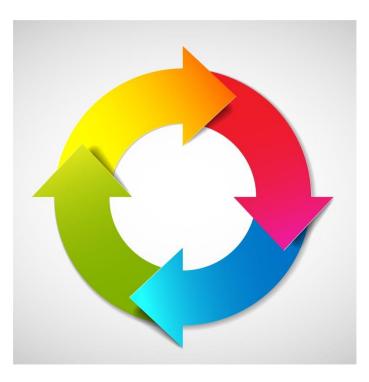
Financial Resources

- Identify funding sources to implement and sustain BHI
- Financial benefits to BHI
- Identify billable codes in your state



Workflow Processes

- BHI workflow processes
- Ongoing QI process
- Consider patient and family feedback



BHI Key Success Factors

- Allocate appropriate time to plan
- Transform practice culture
- Train staff to implement and sustain integration
- Assess and manage capacity realistically
- Identify internal champions and external stakeholders
- Utilize available and free resources



Resources



- By email: <u>pathwaytopcmh@chnct.org</u>
- By phone: 203.949.4194
- Online: www.huskyhealthct.org/providers/pcmh.html
 - CT Behavioral Health Partnership (CT BHP): <u>www.ctbhp.com</u>
- All PCMH webinars located on the HUSKY Health website page "<u>Pathway to PCMH Webinar Recordings</u> and Presentation Materials"

Questions?